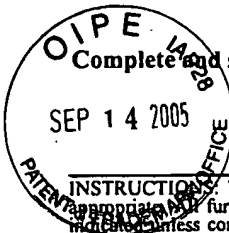


PART (B) - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30031 7590 06/16/2005

MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL
RESPIRONICS, INC.
1010 MURRY RIDGE LANE
MURRYSVILLE, PA 15668

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Certificate of Mailing or Transmittal

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Michael W. Haas	(Depositor's name)
<i>Michael W. Haas</i>	(Signature)
September 14, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,153	11/12/2003	Shari S. Barnett	98-25 C3	7579

TITLE OF INVENTION: NASAL MASK AND SYSTEM USING SAME
09/16/2005 HDESTA2 00000059 10706153

01 FC:1501	1400.00 OP				
02 C:1504	200.00 OP				
APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/16/2005

EXAMINER	ART UNIT	CLASS-S UBCLASS
RAGONESE, ANDREA M	3743	128-207130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael W. Haas

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Respironics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Murrys ville, Pennsylvania, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael W. Haas

Date September 14, 2005

Typed or printed name

Michael W. Haas

Registration No. 35,174

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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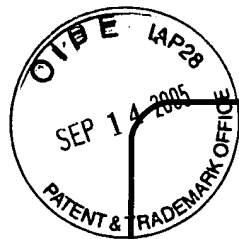
Mail Stop Issue Fee TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	10/706,153
	Filing Date	November 12, 2003
	Confirmation Number	7579
	Inventor(s)	BARNETT et al.
	Group Art Unit	7579
Express Mail Label No.: EL 997385283 US	Examiner	Ragonese, A.
Total Number of Pages in This Submission: 7	Attorney Docket No.	98-25 C3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit in duplicate)</i>	<input type="checkbox"/> Assignment Papers	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 1,700.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 353302	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: September 16, 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	September 14, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>September 14, 2005</u> , Express Mail Label No. <u>EL 997385283 US</u> .	
Typed Name	Michael W. Haas, Reg. No. 35,174
Signature	<i>Michael W. Haas</i>
Date	September 14, 2005

**FEE TRANSMITTAL**

(Effective 12/08/2004)

"Express Mail" Label No. EL 997385283 US

TOTAL AMOUNT OF PAYMENT \$ 1,700.00

Application Number	10/706,153
Filing Date	November 12, 2003
First Named Inventor	BARNETT et al.
Confirmation Number	7579
Group Art Unit	3743
Examiner's Name	Ragonese, A.
Attorney Docket No.	98-25 C3

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 50-0558 Deposit Account Name Respironics, Inc. <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input checked="" type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). Total Sheets _____ Extra Sheets _____ Number of each additional 50 fraction thereof _____ Fee(\$) _____ Fee Paid(\$) _____ _____ -100 = _____ /50 = _____ (round up to a whole number) X 250 = <u>0.00</u>																																																																																																																																																																																					
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1. BASIC FILING, SEARCH, AND EXAM FEES (Large Entity Only) <table><thead><tr><th>Appl. Type</th><th>Filing Fee(\$)</th><th>Search Fee(\$)</th><th>Exam Fee(\$)</th><th>Fees Paid</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>500</td><td>200</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>130</td><td></td></tr><tr><td>Plant</td><td>200</td><td>300</td><td>160</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>500</td><td>600</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>0</td><td>0</td><td></td></tr></tbody></table> SUBTOTAL (1) \$ 0.00		Appl. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		<table><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or declaration</td><td></td></tr><tr><td>1811</td><td>100</td><td>1811</td><td>100</td><td>Certificate of Correction</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>576</td><td>25</td><td>576</td><td>25</td><td>Additional filing receipt, duplicate or corrected due to applicant error</td><td></td></tr><tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for response within first month</td><td></td></tr><tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for response within second month</td><td></td></tr><tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for response within third month</td><td></td></tr><tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for response within fourth month</td><td></td></tr><tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for response within fifth month</td><td></td></tr><tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr><tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr><tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr><tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td>1,400.00</td></tr><tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr><tr><td>1814</td><td>130</td><td>2814</td><td>65</td><td>Statutory Disclaimer</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Director</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of property)</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination</td><td></td></tr><tr><td>1504</td><td>300</td><td>1504</td><td>300</td><td>Publication Fee</td><td>300.00</td></tr><tr><td colspan="5">Other Fee (specify) _____</td><td></td></tr></tbody></table> SUBTOTAL (3) \$ 1,700.00		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1051	130	2051	65	Surcharge - late filing fee or declaration		1811	100	1811	100	Certificate of Correction		1812	2,520	1812	2,520	For filing a request for reexamination		576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error		1251	120	2251	60	Extension for response within first month		1252	450	2252	225	Extension for response within second month		1253	1,020	2253	510	Extension for response within third month		1254	1,590	2254	795	Extension for response within fourth month		1255	2,160	2255	1,080	Extension for response within fifth month		1401	500	2401	250	Notice of Appeal		1402	500	2402	250	Filing a brief in support of an appeal		1403	1,000	2403	500	Request for oral hearing		1452	500	2452	250	Petition to revive unavoidably abandoned application		1453	1,500	2453	750	Petition to revive unintentionally abandoned application		1501	1,400	2501	700	Utility issue fee (or reissue)	1,400.00	1502	800	2502	400	Design issue fee		1814	130	2814	65	Statutory Disclaimer		1460	130	1460	130	Petitions to the Director		1807	50	1807	50	Petitions related to provisional applications		1806	180	1806	180	Submission of Information Disclosure Stmt		8021	40	8021	40	Recording each patent assignment per property (times number of property)		1801	790	2801	395	Request for Continued Examination		1504	300	1504	300	Publication Fee	300.00	Other Fee (specify) _____					
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2. CLAIMS <table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>_____</td><td>_____ * _____</td><td>50 =</td><td></td></tr><tr><td>Ind. Claims</td><td>_____ * _____</td><td>200 =</td><td></td></tr><tr><td colspan="3">Multiple Dependent Claims add</td><td>360 =</td></tr></tbody></table> * Enter Highest Number Previous Paid For _____ <table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202 50</td><td>2202 25</td><td>Claims in excess of 20</td></tr><tr><td>1201 200</td><td>2201 100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203 360</td><td>2203 180</td><td>Multiple dependent claim</td></tr><tr><td>1204 200</td><td>2204 100</td><td>Reissue independent claims over original patent</td></tr><tr><td>1205 50</td><td>2205 25</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> SUBTOTAL (2) \$ 0.00		Total Claims	Extra Claims	Fee from Below	Fee Paid	_____	_____ * _____	50 =		Ind. Claims	_____ * _____	200 =		Multiple Dependent Claims add			360 =	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	1202 50	2202 25	Claims in excess of 20	1201 200	2201 100	Independent claims in excess of 3	1203 360	2203 180	Multiple dependent claim	1204 200	2204 100	Reissue independent claims over original patent	1205 50	2205 25	Reissue claims in excess of 20 and over original patent																																																																																																																																																				
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SUBMITTED BY					
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature		Date	September 14, 2005	Deposit Account Number	50-0558



Certificate of Mailing by "Express Mail"

EL 997385283 US

"Express Mail" label number

September 14, 2005

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Michael W. Haas

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION of

Inventor : BARNETT et al.
Appln. No. : 10/706,153
Conf. No.: : 7579
Filed: : November 12, 2003
Title: : NASAL MASK AND SYSTEM USING SAME
Group Art Unit : 3743
Examiner : Ragonese, A.
Docket No. : 98-25 C3

* * * * *

September 14, 2005

PAYMENT OF ISSUE FEE

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:


- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 353302 in the amount of \$1,700.00;
- 3) Fee Transmittal Form (1 page, 2 copies);

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on September 14, 2005 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Express Mail Label No. EL 997385283 US.

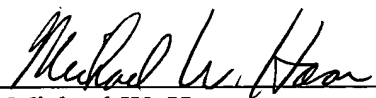

Michael W. Haas, Reg. No. 35,174

BARNETT et al. -- Appln. No.: 10/706,153

- 4) Transmittal Form (1 page); and
- 5) Certificate of Mailing by Express Mail (1 page, Express Mail Label No. EL 997385283 US).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By 

Michael W. Haas

Reg. No.: 35,174

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